

DEC 22 1941

State File No. 8878

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2625<sup>A</sup> ST. VINCENT AV.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME CLARENCE W. DAUME

3. (b) If veteran, name war..... 3. (c) Social Security No. 028-0541120

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MABEL DAUME 6. (c) Age of husband or wife if alive 36 years  
7. Birth date of deceased OCTOBER 15 1903  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
38 0 24 hr. min.

9. Birthplace ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation Pipe Fitter

11. Industry or business Gas Co.

MOTHER FATHER { 12. Name FREDERICK DAUME  
13. Birthplace MISSOURI 0  
(City, town, or county) (State or foreign country)  
14. Maiden name SUSIE DIEHL  
15. Birthplace MISSOURI 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mabel Daume  
(b) Address 2625<sup>A</sup> St Vincent Av

17. (a) BURIAL (b) Date thereof Nov 10 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST. MARCUS CEM.

18. (a) Signature of funeral director E. J. Schurer  
(b) Address 3125 Lafayette Av.

19. (a) 11-9-41 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 099  
(c) City or town ST. LOUIS 623  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2625<sup>A</sup> ST. VINCENT  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 8 day 12 year 1941 hour 12 minute 50 A.M.

21. I hereby certify that I attended the deceased from 8/13 to 11/8 1941.  
that I last saw him alive on 11/8 1941.  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 10 da

Due to Hypertension ?

Due to Chronic glomerulonephritis ?

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature B. Shaukley (M. D. or other) 11/9/41  
Address 1574 S. Jefferson Av Date signed.....

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Joseph V. Allmer*

Licensed Embalmer No. *4014*

P. O. Address

*3125 Lafayette Ave*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**